PATENT APPLICATION FEE DETERMINATION RECORD

Effectiv OCYObor1, 2003

Application or Docket Number

(Column 1) (Column 2)								TYPE			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS				*			[RATE	FEE		RATE	FEE
FOR			NUMBER FILED NUM		NUMB	BER EXTRA		BASIC FEE	<i>38</i> 5	OR	BASIC FEE	3770
Τ	TAL CHARGE	ABLE CLAIMS	minus 20=				X\$ ♀ =		OR	X\$18=		
INE	DEPENDENT C	LAIMS	minus 3 =					X43=		OR	X86=	
MULTIPLE DEPENDENT CLAIM PRESENT							+145=		OR	+∂90=		
* If the difference in column 1 is less than zero, enter "0" in column 2						olumn 2	L	TOTAL	-	OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						(Column 2)		SMALL ENTITY O			OTHER THAN	
		CLAIMS		HIGHES	î		Г		ADDI-	1 1		ADDI-
ENT A		REMAINING AFTER AMENDMENT		NUMBE PREVIOUS PAID FO	SLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL
AMENDMENT	Total	.37	Minus	27	,	-10.		x\$9=	90	OR.	X\$(8=	٠.
AME	Independent	* 7	Minus	ENDENT CLAIM		-4		X13-	172	OR	XSG.	
								+145 =		OR	₩	
	•						_ A	TOTAL ODIT. FEE	262	OR	TOTAL ADDIT, FEE	
	(Column 1) (Column 2) (Column 3)							,		•		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOUS PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 39	Minus	4 37	1	= 2		x19-	18	OR	x\$18=	
AME	independent	• 7	Minus	*** *	•	=	t	X13=		OR	×86=	
Ш	FIRST PRESE	NTATION OF MU	LTIPLE DEF	TIPLE DEPENDENT CLAIM				.11 00 -			₩	
			•		•		L	+ US =		OR	TOTAL	
٠.			•	•		. •	A	DOIT. FEE		OR	ADDIT FEE	
<u> </u>		(Column 1)	-	(Column	(Column 3)							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBEI PREVIOUS PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		= .		x\$9=		OR	X\$ 8;=	·
8	Independent	•	Minus	***		<u> </u>	T	x43=		OR	×86	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								11.00				
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+ 145=		OR	1970=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		ber Previously Paid					lour	nd in the app	ropriale box	in col	umn 1,	